



MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS

Weight Loss Services

Capital Health Plan will provide coverage of evaluation, counseling, education, and follow-up with a contracted weight loss center for treatment of obese patients **ONLY** when weight control services are included in the benefit package, the care is prior-authorized, and **at least one** of the following clinical findings and conditions are documented in the medical record:

INITIAL REQUEST:

Authorization will be given for 12 visits within a 12 month period of time if one of the following clinical criteria are met:

1. Adult (considered age 18 and over) patients seeking weight loss services for one of the following:
 - a. As part of weight loss efforts desired by the patient and/or recommended by the primary care physician (PCP) or specialist, with supporting documentation of a BMI of 30 or above
 - b. Following initial bariatric surgery or revision bariatric surgery performed in the last 12 months (from the date the request is submitted)
 - i. Surgery must have been prior authorized and covered by Capital Health Plan
2. Child/Adolescent (considered age 2 to 17) patients with weight loss efforts recommended by the primary care physician (PCP) or specialist for one of the following:
 - a. BMI at or above the 95th percentile for their age (obesity); OR
 - b. Type 2 Diabetes; OR
 - c. Metabolic dysfunction-associated steatotic liver disease (MASLD); OR
 - d. Delayed puberty in male adolescents; OR
 - e. Precocious puberty in female adolescents

CONTINUATION REQUEST:

If continuation of services are approved, a new authorization will be started that will be for 12 visits within a 12 month period of time.

ALL continuation requests should be submitted to Capital Health Plan for review **before** the end date of the current active authorization. Requests submitted to Capital Health Plan after the previous authorization end date will not be considered a request for continuation.

1. Adults:

- a. A documented weight loss of at least 10% of the initial weight **during the prior 12 month period** of time

2. Adolescents:

- a. Objective documentation of no further weight gain; AND
- b. Slow return to a normal BMI percentile, taking into account change in height and normal development

Medical Necessity Approvals to be made by:

- ☒ Medical Director
- ☒ Physician Reviewer
- ☒ Utilization Management Nurse
- ☒ Nurse Reviewer
- ☒ Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package:

- ☒ Commercial

Approved by QIMT: 9/29/11, 10/11/12, 10/24/13, 11/7/13; reinstituted/approved: 2/12/15

Approved by G&A: 11/3/16, 6/15/17

Approved by UMWG: 6/26/15, 8/30/18, 11/7/19, 12/10/20, 8/19/21, 12/9/21, 12/8/22, 12/14/23, 2/8/24, 12/12/2024, 12/11/25

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.